



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.  
Director  
ROBIN KAY, Ph.D.  
Chief Deputy Director  
RODERICK SHANER, M.D.  
Medical Director

**Countywide Children's QIC Meeting**  
**600 S. Commonwealth Ave.**  
**Los Angeles, CA 90005**

Thursday, November 14, 2013

10:00 am to 12:00 pm

## **Agenda**

- I. **Introductions**
- II. **Martin Hernandez, MSW**  
***QA/QIC Analyst, Patients' Rights Office***
  - Beneficiary Services Policies and Procedures  
State-Mandated Documents
- III. **Mary Ann O'Donnell, RN, MSN**  
***Clinical Risk Manager, Office of the Medical Director***
  - Scheduling Clinical Appointments and Associated Documentation
  - Clinical Incident Online Reporting System

**Next Meeting: Thursday, February 20, 2014**  
**10:00 AM-12:00 PM**

600 S. Commonwealth – 2<sup>nd</sup> Fl. Conference Rm. #113  
Los Angeles, CA 90005





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## Children's Countywide Quarterly Quality Improvement Committee (QIC) Facilitators – Debra Mahoney, Lisa Harvey, Kathryn Stroupe & Paul McIver

Date: November 14, 2013  
Time: 10:00am– 12:00pm

600 S. Commonwealth Ave.  
6<sup>th</sup> Floor Conference Rm. A  
Los Angeles, CA 90005

SUBJECT		DISCUSSION	DOCUMENTS
Welcome	Patients' Rights Office	<u>Facilitators of the Children's Quarterly Countywide QIC</u>	
		Meeting was called to order. Attendees made introductions  <u>Martin Hernandez, Quality Assurance/Quality Improvement Committee Analyst, Patients' Rights Office</u>  The Patients' Rights Office disseminates information on beneficiary rights and state regulations. Most of the documents cited in these minutes are posted on the Department of Mental Health (DMH) website.  The Grievance & Appeal Procedures brochure details how Medi-Cal beneficiaries can obtain mental health services, request a change of Mental Health Provider (MHP) and appeal a denial or change of specialty mental health services.  When beneficiaries voice dissatisfaction, the MHP must inform them about Patients' Rights Office services and offer a copy of the Beneficiary/Client Grievance or Appeal and Authorization Form.  The MHP must also give them a copy of the Notice of Action-A, fax a copy to the Patients' Rights Office (213) 365-2481 and keep a copy in an	<b>Grievance &amp; Appeal Procedures brochure</b>  <b>Beneficiary/Client Grievance or Appeal and Authorization Form</b>  <b>Notice of Action-A</b>

	<p>administrative file, separate from the clinical record, for audit purposes. The Patients' Rights Office assists the client in registering grievances and appeals or filing for a State Fair Hearing.</p> <p><b>Request for Change of Provider</b></p> <p>When beneficiaries request a change of Provider, every effort should be made to accommodate such requests by instructing them to complete and submit the Request for Change of Provider form.</p> <p>Within 10 working days of receipt of the form, the Program Manager should attempt to verbally notify beneficiaries of the outcome, followed by a written confirmation, given to the client. Copies should be faxed to the Patients' Rights Office and maintained in a separate administrative file for seven years.</p> <p>The Provider should also maintain a Request for Change of Provider Log, which should be faxed on a monthly basis to the Patients' Rights Office (213) 365-2481 on the 10<sup>th</sup> calendar day of the following month in which the log is completed.</p> <p><b>Scheduling Clinical Appointments and Associated Documentation</b></p> <p>Requests for initial appointments for newly-active clients should be clearly documented in the Request for Services Log.</p> <p>Times and dates may be prioritized based on MHP criteria, however, they should not exceed 30 calendar days from the original request for services and should be as close as possible to the original contact date.</p>	<p><b>Policy No. 200.02</b></p> <p><b>Policy No. 202.43</b> <b>QA Bulletin No. 13-06</b></p> <p><b>Request for Services Log</b></p>
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<p>If an initial appointment cannot be made within 30 days, or if the scheduled appointment does not result in the provision of services and the rescheduled appointment is more than 7 days from the original appointment date, or if the scheduled initial appointment cannot be kept by the beneficiary, and the rescheduled appointment is longer than 14 days from the original appointment date, a Notice of Action-E should be given to the beneficiary, faxed to the Patients' Rights Office and a copy should be kept in an administrative file for audit purposes.</p> <p>Appointments following discharge from an acute inpatient facility or other defined setting such as a Juvenile Hall must be within 7 days of discharge, if the request is made by the discharge date or within one month following the discharge date.</p> <p><b>Beneficiary Acknowledgment of Receipt: Medi-Cal Handbook and Provider List</b></p> <p>The Beneficiary Acknowledgment of Receipt form should be completed and signed by the client upon initial receipt of services and whenever the client requests either the Medi-Cal Handbook or the Provider List. The form should be placed in the clinical record. Contractors can create their own forms with all the data elements found on the DMH form. This should be implemented within 6 months of the QA Bulletin 13-06 date, November 7, 2013.</p> <p><b>Notices of Action and Other Guidelines</b></p> <p>Both Notices of Action must be given to Medi-Cal beneficiaries within 3 calendar days of the specific action. Those who don't qualify for Medi-Cal are not required to receive the documents.</p>	<p><b>Notice of Action-E</b></p> <p><b>Beneficiary Acknowledgment of Receipt</b></p>

	<p>Field-based staff should keep a binder with state-mandated documents ready to give to clients who are only seen in the field. The following list of forms is recommended:</p> <ul style="list-style-type: none"> <li>• The Guide to Medi-Cal Mental Health Services</li> <li>• Provider Directory by Service Area (Each MHP needs to provide a directory for their own service area)</li> <li>• Grievance and Appeal Procedures brochure</li> <li>• Beneficiary/Client Grievance or Appeal and Authorization Form</li> <li>• HIPAA Privacy/Complaint Form</li> <li>• Request for Change of Provider Form</li> <li>• Request to Change Provider Sample Text for Response Letter Unable/Able to Change Provider</li> </ul> <p>This set of clients should sign two exact versions of the required documents: one for the agency and one for their personal record. At the top of the document to be retained by the MHP, field staff should write: "DUPLICATE-Original was hand-delivered to the beneficiary," and record the time the document was given. The MHP must also fax a copy of the Notice of Action to the Patients' Rights Office. For clients deemed unable to meet criteria for medical necessity, it is very possible that they will be reassessed at a future time.</p> <p>For self-referring minors ages 12 and older, who are, in the opinion of the attending professional, mature enough to participate intelligently in mental health treatment without caregiver consent, the Notice of Action should be given directly to the minor rather than mailing it to the home.</p>	<p><b>QA Bulletin No. 11-07</b></p>
	<p>For non-consenting minors in foster care, temporary placement or in</p>	

	<p>transition for placement, the appointed legal guardian should sign and receive the Notice of Action.</p> <p>If the MHP does not offer the requested specialty mental health service, issuance of the Notice of Action may not be required. In such cases it may be appropriate to refer beneficiaries to where the services are available. However, the Request for Services Log must be completed for every initial request for services at a single provider number, along with additional disposition detail stating where the client was referred and why an appointment was not made.</p>	
<b>Office of the Medical Director</b>	<p><b><u>Mary Ann O'Donnell, Clinical Risk Manager, Office of the Medical Director</u></b></p> <p>The goal of clinical risk management is to improve the quality of clinical care, assist in providing a defense in legal actions and lessen the potential for future legal action</p>	<b>Power Point</b>
<b>Clinical Risk Management</b>	<p><b>Online Clinical Incident Reporting</b></p> <p>DMH will use clinical incident reports to evaluate and improve the quality of mental health services rendered by directly operated and contract Providers.</p>	<b>Policy No. 202.18</b>
<b>Final Announcements</b>	<p>MHPs are reminded to complete their Medicare enrollment for both the facility and qualified rendering providers. DMH would like all MHP to send proof of Medicare enrollment or the denial letter to their DMH contract liaison.</p>	<b>DMH RMD Bulletin 13-086</b>
<b>Meeting was adjourned</b>	<p>The next Countywide QIC Meeting will be held on Thursday, February 20, 2014 at 10:00 AM in the 2<sup>nd</sup> Floor Conference Room 113 at 600 S. Commonwealth Avenue, Los Angeles 90005</p>	





## AS A BENEFICIARY YOU HAVE THE RIGHT TO:

- Be treated with respect and with due consideration for your dignity and privacy;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand;
- Participate in decisions regarding your health care, including the right to refuse treatment;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
- Request and receive a copy of your medical records, and request that they be amended or corrected;
- Receive information in accordance with Title 42, CFR, Section 438.10 which describes information requirements;
- Be furnished health care services in accordance with Title 42, CFR, Sections 438.206 through 438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

### County of Los Angeles — Department of Mental Health

#### Patients' Rights Office

(213) 738-4949 – Non-Hospital Grievances and Appeals

(213) 738-4888 – Hospital Grievances and Appeals

*[dmh.lacounty.gov](http://dmh.lacounty.gov)*

### County of Los Angeles Board Of Supervisors

Gloria Molina

Mark Ridley-Thomas

Zev Yaroslavsky

Don Knabe

Michael D. Antonovich



### County of Los Angeles

#### Department of Mental Health

#### Patients' Rights Office

(213) 738-4949

Non-Hospital Grievances and  
Appeals

(213) 738-4888

Hospital Grievances and  
Appeals

MHS38E

Rev. 8/2005

## COUNTY OF LOS ANGELES

## DEPARTMENT OF MENTAL HEALTH



## GRIEVANCE &

## APPEAL

## PROCEDURES

## A

## CONSUMER'S

## GUIDE

## GRIEVANCE & APPEAL PROCEDURES

The Department of Mental Health is the Local Mental Health Plan (MHP) for County of Los Angeles. If you are receiving specialty mental health services under the MHP, you have the right to access services that are appropriate to your disability, culture, language, gender, and age. You will receive services that are jointly determined by you and your mental health provider. We encourage you to take an active part in your care, and to express your concerns using the resolution process.

### HOW THE PROBLEM RESOLUTION PROCESS WORKS:

You may resolve your concern(s) by speaking directly with your provider or mental health program representative.

You may request assistance from the Patients' Rights Office. An Advocate will work with you to resolve any problems you have with your provider or services.

Patients' Rights advocates may be reached at:

- (213) 738-4949 for non-hospital grievances or appeals
- (213) 738-4888 for hospital grievances or appeals

You may file a grievance orally or in writing at any time. You may obtain a form for your grievance from your mental health provider or from the Patients' Rights Office.

You may authorize another person to act on your behalf.

You will not be subject to discrimination or any other penalty for filing a grievance.

### FOR MEDICAL BENEFICIARIES

You have the right to file an **Appeal** with the Patients' Rights Office or to request a **State Fair Hearing** when the MHP denies, reduces, changes, or terminates payment for your mental health services whether or not you receive a **Notice of Action (NOA)** from your mental health provider. An **NOA** is a document that is given to beneficiaries by their providers informing them of changes in services.

**A STATE FAIR HEARING** is an independent review conducted by the State Department of Social Services. The hearing makes sure that you receive the mental health services you are entitled to under the MHP.

You may request a State Fair Hearing only if you are a Medi-Cal recipient, and when you have completed the MHP's Appeal process.

If you want a State Fair Hearing, your request must be made within 30 days from the date you receive the **Notice of Action**. You may request an additional 14-day extension.

### AID PAID PENDING

If you receive a **Notice of Action**, you are entitled to receive **Aid Paid Pending** if you contact the Patients' Rights Office within 10 days. **Aid Paid Pending** will allow you to continue to receive mental health services from the MHP while you are in the process of having a State Fair Hearing.

If you receive a **Notice of Action**, you may request an "expedited" or fast resolution of your **Appeal** under extreme circumstances.

The Patients' Rights Office will assist you in filing a State Fair Hearing. To request a State Fair Hearing on your own, call (800) 952-5253 or write to:

*Administrative Adjudications Division  
State Department of Social Services  
744 P Street, Mail Station 19-37  
Sacramento, CA 95814*

### SPECIALTY MENTAL HEALTH SERVICES AVAILABLE:

Psychiatric Inpatient Hospital Services  
Psychiatry Services  
Psychology Services  
Targeted Case Management  
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)  
Rehabilitative Services  
Psychiatric Nursing Facility Services

## HOW TO OBTAIN SERVICES

Call the ACCESS Telecommunication Center at (800) 854-7771. For TDD/TTY service, call (562) 651-2549.

For a list of providers, call ACCESS or the Patients' Rights Office at (213) 738-4949, or visit the DMH website: [www.dmh.co.la.ca.us](http://www.dmh.co.la.ca.us)

### IMPORTANT INFORMATION:

- To request a change of Provider, you may speak with your Provider or call the Patients' Rights Office.
- Your confidentiality will be protected at all times in accordance with State and Federal law.
- This pamphlet and related materials are available in alternate format.
- Persons requesting materials in alternate format may contact the Patients' Rights Office at (800) 700-9996 or (213) 738-4888.
- Persons with speech or hearing impairments are contacted through California Relay Services (800) 735-2929.
- The County of Los Angeles Department of Mental Health does not discriminate on the basis of disability in the admission and access to its services, programs or activities.

### YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICES





# Quality Assurance Bulletin

November 07, 2013

No. 13-06

## Program Support Bureau

County of Los Angeles - Department of Mental Health

Marvin J. Southard, DSW, Director

### Service Request Log & Beneficiary Acknowledgment of Receipt

This Bulletin is in response to the recent State System Review conducted by the Department of Health Care Services (DHCS). As part of the State System Review, DHCS monitors compliance with State and Federal regulations which require Providers to maintain a written log to record requests for services and provide its beneficiaries (Medi-Cal clients) with the Medi-Cal handbook and a list of providers. Two new forms have been developed to assist Providers in meeting these requirements.

#### **Service Request Log**

The California Code of Regulations Title 9 §1810.405(f) states "the MHP shall maintain a written log of the initial requests for specialty mental health services...the log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request". In addition, DMH Policy 202.43 Scheduling Clinical Appointments and Associated Documentation states "All requests for initial appointments for newly-active clients shall be clearly documented" and lists specific elements required to be documented. The new "Service Request Log" has been developed to satisfy the State regulatory requirement as well as to meet the requirements of the new DMH Policy. **The Service Request Log must be completed for every initial request for services at a single Provider Number.**

Note: If an assessment appointment is made at the Provider site, no other disposition detail is required. If the appointment given is more than 30 calendar days from the date of request, a justification for the delay must be put in the additional comments field per DMH Policy 202.43. If an assessment appointment is not made at the Provider site, additional disposition detail is required stating where the client was referred and/or why an appointment was not made.

#### **Beneficiary Acknowledgment of Receipt: Medi-Cal Handbook and Provider List**

The California Code of Regulations Title 9 §1810.360(e) states "the MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers." The new "Medi-Cal Required Information Materials Beneficiary Acknowledgment of Receipt" has been developed to show evidence that beneficiaries were offered the Medi-Cal Handbook and Provider List upon initial request for services and were provided the materials when requested per the above mentioned requirements. **The form must be completed and signed by the client upon initial receipt of services (i.e. when an episode is initially opened) and whenever the client requests either the Medi-Cal Handbook or the Provider List.** The form shall be placed in the Clinical Record.

These forms must be used by Directly-Operated programs as is and should be implemented as of the date of this Bulletin. Contractors must have forms (or, in an EHR, reports) with all the data elements found on the forms and should be implemented within 6 months of the date of this Bulletin.

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team  
District Chiefs  
Program Heads  
Department QA staff  
QA Service Area Liaisons

Judith Weigand, Compliance Program Office  
Nancy Butram, Revenue Management  
Pansy Washington, Managed Care  
TJ Hill, ACHSA  
Regional Medical Directors





**REQUEST FOR SERVICES**  
**Provider Number: \_\_\_\_\_**[illegible]

Request Type	Client Release From (if applicable)	Referring Party Role	Disposition
1. Call	1. Inpatient	1. Self	1. Crisis Referral to 911 or Field Response
2. Walk-In	2. Juvenile Hall	2. Collateral	2. Assessment Appointment Given This Site
3. In Writing	3. Jail	3. ACCESS	3. Referred to System Navigation
4. Other	4. NA	4. Staff	4. Referred Back to Private Insurance
		5. Other	5. Referred to Another Mental Health Agency
			6. Referred to Other Type of Agency
			7. Other



# Quality Assurance Bulletin

December 1, 2011 No. 11-07

Program Support Bureau

County of Los Angeles - Department of Mental Health  
Marvin J. Southard, DSW, Director

## New Minor Consent for Mental Health Services Law

As of January 1, 2011, a new Minor Consent Law went into effect under Health & Safety Code § 124260 allowing minors to consent to their own mental health services. **This new Minor Consent Law does not supersede or replace the existing Minor Consent Law under Family Code § 6924.** Rather, both laws permit a minor to consent to his or her own mental health treatment provided that the required elements in the law are met. Unlike Family Code § 6924, the Health & Safety Code § 124260 permits a minor to consent to his or her own mental health treatment if the minor is 12 years of age or older and is, in the opinion of the attending professional person, mature enough to participate intelligently in mental health treatment or counseling services; Health & Safety Code § 124260 **DOES NOT** require, as does Family Code § 6924, that the minor (A) would present a danger of serious physical or mental harm to self/others without the mental health treatment or counseling or (B) is the alleged victim of incest or child abuse.

**Note, however, that while the Legislature has broadened the instances when a minor may consent to his or her own mental health treatment, it has not similarly expanded the circumstances under which minor consent services may be claimed to Medi-Cal. It is the understanding of LAC-DMH that when minor consent for services is obtained under the Health and Safety Code § 124260, those services may not be claimed to Medi-Cal (or Healthy Families, OHC), even if the minor is found to meet Medi-Cal Medical Necessity criteria.**

If a minor consents for services under the Health & Safety Code § 124260 criteria, the provider must have other non-Medi-Cal/EPSTD match funding in its contract and available for reimbursement for the full cost of services. Providers may choose to use the appropriate IS plan that contains un-matched funds or CGF dollars for services and must uncheck the Medi-Cal box on the claim screen in the Integrated System (IS).

### **Additional Information on Minor Consent for Mental Health Services**

There are other circumstances, in addition to those referenced within this Bulletin, that allow minors to consent to their own mental health services. ***For additional information on this subject, Contract-Providers should consult their own legal counsel. Directly-Operated Providers may contact the DMH Quality Assurance Division, Program Support Bureau.***

**Please Note:** The Integrated System (IS) requires an "Authorization of Minor" code for clients under 18 when opening an episode. Two new codes have been added to the list of valid "Authorization of Minor" codes: 16-Family Code § 6924 and 17-Health & Safety Code § 124260 (see attached IS News Bulletin 74). One of these two new codes should be used if the minor consented for mental health treatment under either of these two laws. In addition, the QA Division is in the process of updating the Consent of Minor Form for use by Directly-Operated programs. Please watch for a Clinical Records Bulletin for additional information regarding this revised form.

c: Executive Management Team  
District Chiefs  
Program Heads  
Department QA staff  
QA Service Area Liaisons

Judith Miller, Compliance Program Office  
Nancy Butram, Revenue Management  
Pansy Washington, Managed Care  
TJ Hill, ACHSA  
Regional Medical Directors





## **Integrated System News Bulletin**

I.S. News Bulletin #074  
12/1/2011

### **NEW VALUES FOR AUTHORIZATION FOR TREATMENT OF MINOR**

**Attention: Local Plan SD/Medi-Cal Providers**

#### **STOP – Impact on You**

Effective November 7, 2011, two new values listed below for "Authorization for Treatment of Minor" have been added in the Integrated System (IS).

#### **Family Code Section 6924 Health and Safety Code Section 124260**

The IS Codes Manual has been revised to reflect these new values and its new version 4.6 has been published to the IS Website under IS Home page.

#### **CAUTION – What You Need to Know**

The "Treatment Authorization for Minor" field is located on the Outpatient, Day Treatment and Inpatient "Episode" screen "Admission" tab. These new values are listed in the drop down menu for selection if a minor client consents to his/her own mental health services under Family Code Section 6924 or Health & Safety Code Section 124260.

See Quality Assurance Bulletin No. 11-07 (go to [http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals) and click on "Quality Assurance Bulletins") regarding Health & Safety Code Section 124260 and who to contact to get additional information about consent of minor for mental health services.



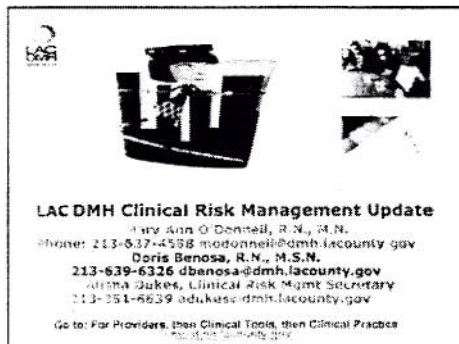
#### **GO – What You Need to Do**

Providers must ensure the correct "Treatment Authorization of Minor" code is chosen when opening an episode for clients under the age of 18. For a complete list and description of "Authorization for Treatment of Minor", click the link provided below to download the IS Codes Manual and print pages 5 through 6.

<http://lacdmh.lacounty.gov/hipaa/documents/CODESMANUAL-IS2Version4.6.pdf>

If you have any questions, please call the Help Desk at (213) 351-1335.





**LAC DMH Clinical Risk Management Update**

Mary Ann O'Donnell, R.N., M.N.  
 Phone: 213-637-4588 modonnell@dmh.lacounty.gov

Doris Benosa, R.N., M.S.N.  
 213-639-6326 dbenosa@dmh.lacounty.gov

Juliana Jakes, Clinical Risk Mgmt Secretary  
 213-351-6639 ajakes@dmh.lacounty.gov

Go to: For Providers, then Clinical Tools, then Clinical Practices  
 www.dmh.lacounty.gov

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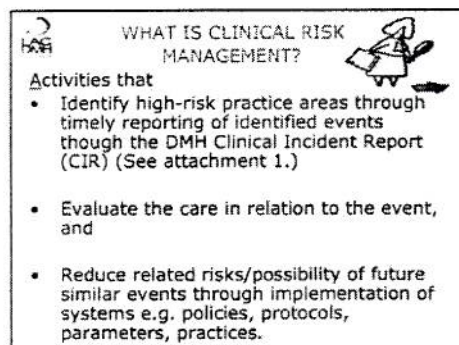
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**WHAT IS CLINICAL RISK MANAGEMENT?**

Activities that

- Identify high-risk practice areas through timely reporting of identified events through the DMH Clinical Incident Report (CIR) (See attachment 1.)
- Evaluate the care in relation to the event, and
- Reduce related risks/possibility of future similar events through implementation of systems e.g. policies, protocols, parameters, practices.

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### WHAT IS CLINICAL RISK MANAGEMENT? (continued)



with the goal of

- Improving the quality of CLINICAL care,
- Assisting in providing a defense in legal actions, and
- Lessening the potential of future legal action.

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### WHY REPORT CLINICAL INCIDENTS?

- Required by DMH P&P 202.18.
- Triggers managerial analysis to uncover root causes, systems needed.
- Managers are encouraged to track recommendations until completion and monitor effect, recurrences, trends,

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
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### Why Report?

(CONTINUED)

- QCRMC reviews trends, recommends system-wide system change, e.g. P&Ps,
- The report provides first-hand facts, analysis, corrective action should litigation occur in the future.

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 **CLINICAL INCIDENT REPORT**  
(See attachment 1.) 

PG 1 of 2 LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH 2016.07.28  
CLINICAL INCIDENT (EVENT) NOTIFICATION DMH POLICY 202.18, ATTACH 1

PLEASE PRINT OR COMPLETE THIS ADMINISTRATIVE REPORT ON  
A COMPUTER AND KEEP ONLY ONE COPY IN AN ADMINISTRATIVE  
FILE.

DO NOT SAVE THIS REPORT ON A COMPUTER, E-MAIL IT.  
INCLUDE OR REFERENCE IT OR RELATED DISCUSSIONS WITH  
CLINICAL RISK MANAGEMENT IN THE CLIENT'S RECORD

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 **CLINICAL INCIDENT REPORT**

1. CLIENT LAST NAME	2. CLIENT FIRST NAME	3. BIRTH DATE	4. AGE	5. SEX	6. ID	7. EVENT DATE	8. SERVICE AREA
9. PROVIDER'S NAME OR OTHER SPECIAL PROGRAM		10. CONTRACT PROVIDER NAME ADDRESS		11. EVENT LOCATION		12. NO. 1, 2, 3, 4	
13. SIGNATURE		14. SET THE FREQUENCY AND DURATION OF ALL CURRENT MEDICATIONS					



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 **CLINICAL INCIDENT REPORT** 

THE RESPONSE TO ITEM 16 BELOW IS TO DETERMINE IF THE MEDICATION REGIMEN IN ITEM 15 ABOVE IS WITHIN DMH PARAMETERS FOR THE PRESCRIBING OF PSYCHOACTIVE MEDICATIONS, WHICH CAN BE ACCESSED AT [HTTP://DMH.LACOUNTY.GOV/TOOLS/FORMS/MEDICATION-CLINICAL-RESPONSE-FORM](http://dmh.lacounty.gov/tools/forms/medication-clinical-response-form)

THE RESPONSE MUST BE DETERMINED BY THE PRESCRIBER/ FURNISHER /SUPERVISING M.D., OR MANAGER/DESIGNEE.

NOTE: AN "N" RESPONSE REQUIRES THE COMPLETION OF ITEM 23, ON PAGE 2.

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**CLINICAL INCIDENT REPORT**


16. IS THE REGIMEN IN ITEM 15, ABOVE, WITHIN DMH PARAMETERS? Y N. (See Attachment 2.)  
 IF N, CHECK APPLICABLE BOXES A-D BELOW.

A. USE OF TWO OR MORE ANTIPSYCHOTICS  
 B. USE OF TWO OR MORE NEW GENERATION ANTIDEPRESSANTS  
 C. USE OF A BENZODIAZEPINE IN A CLIENT WITH A CO-OCCURRING SUBSTANCE USE DISORDER.  
 D. OTHER: PLEASE SPECIFY:

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
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**17. CLINICAL INCIDENT TYPE**

\*ASTERISKED NUMBERS REQUIRE SUBMISSION OF PG. 2 WITHIN 30 DAYS OF THE REPORT DATE.

- Client death, other than suspected or known medical cause or suicide,
- Client death, suspected or known medical cause,
- \* Client death, suspected or known suicide, (Also complete item 24, on page 2.)

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**17. CLINICAL INCIDENT TYPE, cont.**

\*ASTERISKED NUMBERS REQUIRE SUBMISSION OF PG. 2 WITHIN 30 DAYS OF THE REPORT DATE.

- Suicide attempt requiring emergency medical treatment (EMT), (Also complete item 24 on pg.2.)
- Client sustained an intentional injury by self or other client requiring EMT,
- Client injured another person who required EMT,

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### 17. CLINICAL INCIDENT TYPE, cont.

\*ASTERISKED NUMBERS REQUIRE SUBMISSION  
OF PG. 2 WITHIN 30 DAYS OF THE REPORT  
DATE.

- 7.\* Homicide by Client,
- 8.\* Med Error or Adverse Med Event,
- 9.\* Alleged Client Abuse by Staff, or
- 10.\* Possibility or Threat of Legal Action.

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### Clinical Incident Report cont.

18. DESCRIPTION OF THE INCIDENT: INCLUDE  
IMPORTANT FACTS. IF NEEDED, USE AN  
ADDITIONAL SHEET(S) THAT INCLUDES A  
STATEMENT OF CONFIDENTIALITY (THE LAST  
SENTENCE AT THE BOTTOM OF THIS PAGE.)

( THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL UNDER  
EVIDENCE CODE SECTION 1157.6 AND GOVERNMENT CODE 6254 (C.))

ATTACH OTHER INFO, e.g. NEWSPAPER  
ARTICLES.

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### Clinical Incident Report cont.

19. REPORTING STAFF: (PRINT/TYPE)

20. MANAGER'S NAME (PRINT/TYPE)

21. MANAGER'S SIGNATURE/DATE

22. MANAGER'S PHONE #

THIS SECTION IS FOR INTERNAL USE ONLY

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 **Clinical Incident Report (footer, pg.1.)**

SEND PG. 1 TO RODERICK SHANER, MD, LAC  
DMH MEDICAL DIRECTOR, 550 S. VERMONT AVE., 12TH  
FL., LOS ANGELES, CA 90020 WITHIN 1 BUSINESS DAY  
FOR DIRECTLY-OPERATED PROGRAMS AND 2  
BUSINESS DAYS FOR CONTRACT AGENCIES.

SEND THE MANAGER'S REPORT OF CLINICAL REVIEW  
(PG. 2) WITHIN 30 DAYS TO THE CLINICAL RISK MANAGER  
FOR ASTERISKED (\*) CATEGORIES 3-10 ABOVE AND FOR  
A "N" RESPONSE TO ITEM 16.

CONTACT DMH CLINICAL RISK MANAGEMENT FOR  
QUESTIONS. PH: 213-637-4588.

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 **Clinical Incident Report (Pg. 2)**  
Pg. 2 of 2 LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH Rev 2011-06-28  
CLINICAL INCIDENT (EVENT) NOTIFICATION MANAGERIAL REVIEW

PLEASE PRINT OR COMPLETE THIS ADMINISTRATIVE  
REPORT ON A COMPUTER AND KEEP ONLY ONE COPY IN  
AN ADMINISTRATIVE FILE

DO NOT SAVE THIS REPORT ON A COMPUTER, E-MAIL  
IT, INCLUDE OR REFERENCE IT OR RELATED  
DISCUSSIONS WITH CLINICAL RISK MANAGEMENT IN  
THE CLIENT'S RECORD.

SEND THIS PAGE WITHIN 30 DAYS OF THE CLINICAL  
INCIDENT AFTER COMPLETING A CLINICAL REVIEW FOR  
INCIDENTS IN ASTERISKED CATEGORIES 3-10 ON PG. 1,  
OR IF THERE'S AN "N" RESPONSE TO ITEM 16 ON PG. 1,  
TO: MARY ANN O'DONNELL, R.N., M.N. CLINICAL RISK  
MANAGER, LAC-DMH, 550 S. VERMONT AVE., 12TH FL.,  
LOS ANGELES, CA 90020. PH.: 213-637-4588.

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
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 **Clinical Incident Report Pg. 2  
cont.**

CLIENT LAST NAME: \_\_\_\_\_ CLIENT FIRST NAME: \_\_\_\_\_ ISP: \_\_\_\_\_ MANAGER'S  
NAME (PRINT TYPE) MANAGER'S SIGNATURE DATE SUBMITTED

13. IF ITEM 16 ON PG. 1 IS "N", DOES THE CLINICAL RECORD CONTAIN:

A. THE RISKS/BENEFITS FOR THE USE OF THE MEDICATION(S)? Y N AND, IF  
APPLICABLE, \_\_\_\_\_

B. DOCUMENTATION OF A CONSULTATION WITH THE FURNISHING SUPERVISOR  
IF THE MEDICATIONS WERE FURNISHED BY AN N.P. OR P.A.? Y N  
NOTE: IF EITHER A. OR B. ARE "N", PLEASE COMPLETE C. AND D. BELOW.

C. THE MANAGER, SUPERVISING M.D. OR FURNISHING SUPERVISOR HAS INFORMED THE M.D./D.O./N.P./P.A. OF THE REQUIRED DOCUMENTATION AS STATED IN THE DMH GUIDELINES FOR THE USE OF THE PARAMETERS, ITEM # 5. Y N	D. THE M.D./D.O./N.P./P.A. HAS ACKNOWLEDGED THE REQUIREMENT AND HAS AGREED TO COMPLY WITH THE REQUIREMENT IN THE FUTURE. Y N
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Clinical Incident Report Pg. 2 cont.

24. WAS THE INCIDENT IN ITEM 17, ON PG. 1 A CATEGORY 3, SUSPECTED SUICIDE OR CATEGORY 4, A SUICIDE ATTEMPT REQUIRING EMERGENCY MEDICAL TREATMENT? Y N IF "Y," ENTER:
- A. DATE OF LAST SERVICE PROVIDED:
- B. TYPE OF LAST SERVICE PROVIDED:
- C. LIST DATE(S) AND NATURE OF KNOWN PRIOR ATTEMPT(S) REQUIRING EMERGENCY MEDICAL TREATMENT AND ANY FAMILY HISTORY OF SUICIDE:
- D. WAS THE CLIENT DISCHARGED FROM AN INPATIENT FACILITY WITHIN THE LAST 30 DAYS? Y N IF "Y," ENTER FACILITY NAME: DISCHARGE (DC) DATE: DATE OF 1ST FACE TO FACE APPT & D/C:
- E. OTHER RELEVANT INFORMATION, E.G., RECENT STRESSORS:
- F. WAS THERE DOCUMENTATION OF A DISCUSSION WITH THE CLIENT FOR ACTIONS TO TAKE WHEN FEELING SUICIDAL? Y N IF "N," PLEASE EXPLAIN.

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Clinical Incident Report Pg. 2 cont.

25. IF SUBSTANCES WERE A FACTOR IN ITEM 16, WAS THE CLIENT RECEIVING CO-OCCURRING SUBSTANCE ABUSE TREATMENT? Y N IF N, PLEASE EXPLAIN.
26. WAS A POST-INCIDENT TEAM CASE REVIEW DONE? Y N IF "Y," ATTACH CASE REVIEW FINDINGS MARKED "THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL UNDER EVIDENCE CODE SECTION 1197 AND GOVT CODE 5254 [C.]"
27. LIST ANY PRE-DISPOSING FACTOR(S) OR ROOT CAUSE(S) RELEVANT TO THIS OCCURRENCE:
28. LIST ANY SYSTEMS, E.G. PARAMETERS, POLICIES & PROCEDURES OR TRAININGS IN YOUR AGENCY OR THROUGH DMH THAT YOU HAVE IDENTIFIED AND/OR INSTITUTED IN ORDER TO PREVENT SIMILAR EVENTS IN THE FUTURE:

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COMPLETING THE CLINICAL INCIDENT REPORT



1. Complete all areas legibly, including the prescribed medications. The form is on the DMH intranet and can be completed on the computer.
2. Incidents should be reported within one or two business days of hearing of the incident. Supply the facts known within that time-frame and submit additional information as it becomes available to the appropriate risk manager.

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### COMPLETING THE CIR (continued)



3. An incident may be reported by the person who receives information about the incident and not necessarily by those involved in the incident in order to meet the reporting timeframe.
4. In the clinical record, document the fact that the event took place, but do not document that an incident report was completed.

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### COMPLETING THE INCIDENT REPORT continued



5. Only 2 copies of incident-related materials should exist: one to be submitted to the appropriate risk manager, the other copy kept in a separate file at the clinic and never in the client record. Do not send the incident report to other bureaus within DMH.
6. Incidents should be discussed with the team, but copies of the incident report should not be made or distributed.

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### PREVENTING CLINICAL INCIDENTS



1. Know and follow DMH P&Ps and practice parameters, professional and ethical standards in performing your duties.

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### PREVENTING CLINICAL INCIDENTS

(continued)



2. Know your individual licensing board regulations regarding confidentiality law reporting or other requirements when dealing with an issue that may require reporting or other action, e.g. distribution of the Brochure, "Professional Therapy Never Includes Sex," by psychotherapists to clients who report that they have been sexually involved with a previous therapist.

([www.hhs.ca.gov/pdt/ProfTherapy.pdf](http://www.hhs.ca.gov/pdt/ProfTherapy.pdf))

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### PREVENTING CLINICAL INCIDENTS

continued

- Identify "at risk" clients and give them emergency numbers,
- Contact clients who miss appointments, assess them and re-schedule,
- Communicate the treatment plan of "at-risk" clients with the treatment team, and
- Include family/significant others in treatment.



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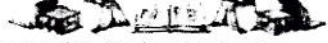
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### PREVENTING CLINICAL INCIDENTS

CONTINUED



- Ensure complete, timely documentation.
- Chart rationale if treating outside of established practice parameters.
- Share new processes and information with Clinical Risk Manager.
- Reference the policies, procedures, your individual licensing board, and regulations regarding confidentiality laws, reporting or other requirements.

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## MANAGING AT-RISK CLIENTS

1. Recognize risk,
2. Obtain risk assessment data (ongoing),
3. Secure past treatment records, extensive, detailed histories. Engage others (with release) for their take on history, present problem,
4. Ensure that the diagnostic impression is compatible with clinical facts,



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## MANAGING AT-RISK CLIENTS CONTINUED

5. Determine competence to treat,
6. Seek consultation,
7. Ensure thorough documentation (See the risk-benefit note example on the next slide.)



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## MANAGING AT-RISK CLIENTS CONTINUED

8. Documentation continued Risk-Benefit note (example):
- a. assessment of risk,
  - b. information alerting you to that risk,
  - c. high-risk factors in the situation & in the client's background,
  - d. moderate or low-risk factors,
  - e. questions asked and answers supplied how this info led to actions taken or rejected. "Thinking out loud for the record," (Guthrie, 1980, Paranoia and Progress Notes, p.482)



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## MANAGING AT-RISK CLIENTS CONTINUED

### 9. Individual Client Suicide Prevention Planning

- Initial and ongoing safety planning which involves an exploration of positive actions the client could and is willing to take or not when feeling suicidal should be utilized in analyzing risk and deciding treatment options.
- The actions a client is willing to utilize should be documented, updated and given to the client and support system along with detailed, yet clear instructions on using them, such as crisis phone numbers.

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## MANAGING AT-RISK CLIENTS CONTINUED

### 9. Individual Client Suicide Prevention Planning continued.

"Contracting for Safety" or "Safety Contracts" should not be relied upon in suicide prevention planning as a client's ability to enter into such an agreement when experiencing suicidality has not been supported by the literature and may give the client, provider and support system a false sense of security.

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## MANAGING AT-RISK CLIENTS CONTINUED

### 9. Individual Client Suicide Prevention Planning Documentation continued

- The positive actions the client should and is willing to take when feeling suicidal should be well documented as well as the clinician's rationale for hospitalizing or not hospitalizing a client at risk for suicide.
- This discussion should ideally include the client and his/her support system.

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## MANAGING AT-RISK CLIENTS CONTINUED



### 10. Obtain consultation:

- a. Should be routine for cases outside  
Of education, training or experience  
or where you are unsure,
- b. Make appropriate referrals for  
psychotropic medications.

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## CLINICAL RISK MANAGEMENT QI

### 1. Check your own philosophy:

Recognize that clinical incident reporting  
and the follow-up is not a punitive process.  
Rather, it helps us improve care and may  
prevent further similar litigation. There may  
be complaints, claims and lawsuits. As long  
as we follow our own P&Ps and document  
correctly, we will have an adequate defense.

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## CLINICAL RISK MANAGEMENT QI cont.

### 2. Analyze: Complete Managerial review:

- a. look at trends,
- b. strategize,
- c. take action,
- d. assign,
- e. set follow-up dates.

May be asked for documentation to support  
medication regimen which is outside of parameters.

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#### CLINICAL RISK MANAGEMENT QI cont.

1. Clinical P&Ps
  - a. Approved by the Clinical Policy Committee, and
  - b. Posted on the intranet.
2. Practice Parameters
  - a. Developed by expert consensus,
  - b. Same as a., b. above,

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#### CLINICAL RISK MANAGEMENT QI cont.

3. Death Reviews
  - a. Coroner's Reports Review of reported deaths.
  - b. Manager contacted for follow-up, if indicated.
  - c. Annual review by DMH Quarterly Clinical Risk Management Committee,

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#### Websites:

1. [Mental Health Services](#)
2. [Clinical Practice Parameters](#), then [Clinical Tools](#), then [Clinical Practice for DMH parameters, Clinical Incident Report DMH P&Ps](#)
3. Boards of individual disciplines
4. If contract Agency, Contact Liability Carrier
5. DMH Clinical Risk Management



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PLEASE PRINT OR COMPLETE THIS ADMINISTRATIVE REPORT ON A COMPUTER AND KEEP ONLY ONE COPY IN AN ADMINISTRATIVE FILE  
**DO NOT SAVE THIS REPORT ON A COMPUTER, E-MAIL IT, INCLUDE OR REFERENCE IT OR RELATED DISCUSSIONS WITH CLINICAL RISK**

**MANAGEMENT IN THE CLIENT'S RECORD**

1. CLIENT LAST NAME	2. CLIENT FIRST NAME	3. BIRTH DATE	4. AGE	5. SEX	6. IS#	7. EVENT DATE	8. SERVICE AREA
9. PROVIDER #	10. MHSA OR OTHER SPECIAL PROGRAM:	11. CONTRACT PROVIDER NAME/ADDRESS		12. EVENT LOCATION		13. M.D./D.O./N.P./P.A.	
14. DIAGNOSES		15. LIST THE FREQUENCY AND DOSAGES OF ALL CURRENT MEDICATIONS					
<p>THE RESPONSE TO ITEM 16, BELOW IS TO DETERMINE IF THE MEDICATION REGIMEN IN ITEM 15, ABOVE IS WITHIN DMH PARAMETERS FOR THE PRESCRIBING OF PSYCHOACTIVE MEDICATIONS, WHICH CAN BE ACCESSED AT <a href="http://dmh.lacounty.gov/toolsforclinicians/clinical_practice.html">HTTP://DMH.LACOUNTY.GOV/TOOLSFORCLINICIANS/CLINICAL_PRACTICE.HTML</a></p> <p>THE RESPONSE MUST BE DETERMINED BY THE PRESCRIBER/ FURNISHER /SUPERVISING M.D., OR MANAGER/DESIGNEE.          NOTE: AN "N" RESPONSE REQUIRES THE COMPLETION OF ITEM 23, ON PAGE 2.</p>							
16. IS THE REGIMEN IN ITEM 15, ABOVE WITHIN DMH PARAMETERS? <input type="checkbox"/> Y <input type="checkbox"/> N. IF N, CHECK APPLICABLE BOXES A-D BELOW.							
<input type="checkbox"/> A. USE OF TWO OR MORE ANTIPSYCHOTICS		<input type="checkbox"/> B. USE OF TWO OR MORE NEW GENERATION ANTIDEPRESSANTS		<input type="checkbox"/> C. USE OF A BENZODIAZEPINE IN A CLIENT WITH A CO-OCCURRING SUBSTANCE USE DISORDER.		<input type="checkbox"/> D. OTHER: PLEASE SPECIFY:	
17. CLINICAL INCIDENT TYPE: (CHECK): *ASTERISKED NUMBERS REQUIRE SUBMISSION OF PG. 2 WITHIN 30 DAYS OF THE REPORT							
<input type="checkbox"/> 1. DEATH-OTHER THAN SUSPECTED/ KNOWN MEDICAL CAUSE		<input type="checkbox"/> *4 SUICIDE ATTEMPT REQUIRING EMERGENCY TREATMENT (EMT) (ALSO COMPLETE ITEM 24.)		<input type="checkbox"/> *7. HOMICIDE BY CLIENT		<input type="checkbox"/> *8. MEDICATION ERROR/ MEDICATION EVENT	
<input type="checkbox"/> 2. DEATH- SUSPECTED/KNOWN MEDICAL CAUSE		<input type="checkbox"/> *5. CLIENT INJURED SELF (NOT SUICIDE ATTEMPT) OR WAS INJURED BY ANOTHER CLIENT REQUIRING EMT		<input type="checkbox"/> *9. ALLEGED CLIENT ABUSE BY STAFF		<input type="checkbox"/> *10. POSSIBILITY OR THREAT OF LEGAL ACTION	
<input type="checkbox"/> *3. DEATH- SUSPECTED SUICIDE (ALSO COMPLETE ITEM 24.)		<input type="checkbox"/> *6. CLIENT INJURED ANOTHER REQUIRING EMT					
18. DESCRIPTION OF THE INCIDENT: INCLUDE IMPORTANT FACTS. IF NEEDED, USE AN ADDITIONAL SHEET(S) THAT INCLUDES A STATEMENT OF CONFIDENTIALITY (THE LAST SENTENCE AT THE BOTTOM OF THIS PAGE.) ATTACH OTHER INFO, E.G. NEWSPAPER ARTICLES.							
19. REPORTING STAFF: (PRINT/TYPE)		20. MANAGER'S NAME (PRINT/TYPE)		21. MANAGER'S SIGNATURE		22. MANAGER'S PHONE #	
THIS SECTION IS FOR INTERNAL USE ONLY							

SEND PG. 1 TO RODERICK SHANER, MD, LAC DMH MEDICAL DIRECTOR, 550 S. VERMONT AVE., 12TH FL., LOS ANGELES, CA 90020 WITHIN 1 BUSINESS DAY FOR DIRECTLY-OPERATED PROGRAMS AND 2 BUSINESS DAYS FOR CONTRACT AGENCIES. SEND THE MANAGER'S REPORT OF CLINICAL REVIEW (PG. 2) WITHIN 30 DAYS TO THE CLINICAL RISK MANAGER FOR ASTERISKED (\*) CATEGORIES 3-10 ABOVE AND FOR A "N" RESPONSE TO ITEM 16. CONTACT MARY ANN O'DONNELL, RN, MN CLINICAL RISK MANAGER FOR QUESTIONS. PH: 213-637-4588.

THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL UNDER EVIDENCE CODE SECTION 1157.6 AND GOVERNMENT CODE 6254 [c.]



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
CLINICAL INCIDENT (EVENT) NOTIFICATION MANAGERIAL REVIEW

Revised 2011-08-05

PLEASE PRINT OR COMPLETE THIS ADMINISTRATIVE REPORT ON A COMPUTER AND KEEP ONLY ONE COPY IN AN ADMINISTRATIVE FILE.  
DO NOT SAVE THIS REPORT ON A COMPUTER, E-MAIL IT, INCLUDE OR REFERENCE IT OR RELATED DISCUSSIONS WITH CLINICAL RISK  
MANAGEMENT IN THE CLIENT'S RECORD.

SEND THIS PAGE WITHIN 30 DAYS OF THE CLINICAL INCIDENT AFTER COMPLETING A CLINICAL REVIEW FOR INCIDENTS IN  
ASTERISKED CATEGORIES 3-10 ON PG. 1, OR IF THERE'S AN "N" RESPONSE TO ITEM 16 ON PG. 1, TO: MARY ANN O'DONNELL,  
R.N., M.N. CLINICAL RISK MANAGER, LAC-DMH, 550 S. VERMONT AVE., 12TH FL. LOS ANGELES, CA 90020. PH.: 213-637-4588.

CLIENT LAST NAME:	CLIENT FIRST NAME	IS #	MGR'S NAME: (PRINT)	MGR'S SIGNATURE	DATE SUBMITTED

23. IF ITEM 16, ON PG. 1 IS "N," DOES THE CLINICAL RECORD CONTAIN:

- A. THE RISKS/BENEFITS FOR THE USE OF THE MEDICATION(S)? ☐ Y ☐ N AND, IF APPLICABLE,  
B. DOCUMENTATION OF A CONSULTATION WITH THE FURNISHING SUPERVISOR IF THE MEDICATIONS WERE FURNISHED  
BY AN N.P. OR P.A.? ☐ Y ☐ N NOTE: IF EITHER A. OR B. ARE "N", PLEASE COMPLETE C. AND D. BELOW.

C. THE MANAGER, SUPERVISING M.D. OR FURNISHING SUPERVISOR HAS  
INFORMED THE M.D./D.O./N.P./P.A. OF THE REQUIRED DOCUMENTATION  
AS STATED IN THE DMH GUIDELINES FOR THE USE OF THE  
PARAMETERS, ITEM #. 5. ☐ Y ☐ N

D. THE M.D./D.O./N.P./P.A. HAS  
ACKNOWLEDGED THE REQUIREMENT  
AND HAS AGREED TO COMPLY WITH THE  
REQUIREMENT IN THE FUTURE. ☐ Y ☐ N

24. WAS THE INCIDENT IN ITEM 17, ON PG. 1 A CATEGORY 3. SUSPECTED SUICIDE OR CATEGORY 4. A SUICIDE ATTEMPT  
REQUIRING EMERGENCY MEDICAL TREATMENT? ☐ Y ☐ N IF "Y," ENTER:

- A. DATE OF LAST SERVICE PROVIDED:  
B. TYPE OF LAST SERVICE PROVIDED:  
C. LIST DATE(S) AND NATURE OF KNOWN PRIOR ATTEMPT(S) REQUIRING EMERGENCY MEDICAL TREATMENT AND  
ANY FAMILY HISTORY OF SUICIDE:

D. WAS THE CLIENT DISCHARGED FROM AN INPATIENT FACILITY WITHIN THE LAST 30 DAYS? ☐ Y ☐ N IF "Y," ENTER  
FACILITY NAME: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ DATE OF 1<sup>ST</sup> FACE TO FACE APPT POST  
DISCHARGE: \_\_\_\_\_

E. OTHER RELEVANT INFORMATION, E.G., RECENT STRESSORS:

F. WAS THERE DOCUMENTATION OF A DISCUSSION WITH THE CLIENT FOR ACTIONS TO TAKE WHEN FEELING  
SUICIDAL? ☐ Y ☐ N IF "N," PLEASE EXPLAIN.

25. IF SUBSTANCES WERE A FACTOR IN ITEM 16, WAS THE CLIENT RECEIVING CO- OCCURRING SUBSTANCE ABUSE TREATMENT?  
☐ Y ☐ N IF N, PLEASE EXPLAIN.

26. WAS A POST-INCIDENT TEAM CASE REVIEW DONE? ☐ Y ☐ N IF "Y," ATTACH CASE REVIEW FINDINGS MARKED  
"THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL UNDER EVIDENCE CODE SECTION 1197 AND GOV'T CODE 6254 [C]."

27. LIST ANY PRE-DISPOSING FACTOR(S) OR ROOT CAUSE(S) RELEVANT TO THIS OCCURRENCE:

28. LIST ANY SYSTEMS, E.G. PARAMETERS, POLICIES & PROCEDURES OR TRAININGS IN YOUR AGENCY OR THROUGH DMH  
THAT YOU HAVE IDENTIFIED AND/OR INSTITUTED IN ORDER TO PREVENT SIMILAR EVENTS IN THE FUTURE:

## 1. DMH PRACTICE PARAMETERS

### LAC DMH Introduction to Practice Parameters

- 1.0 Introduction to the Use of DMH Practice Parameters

### LAC DMH Parameters for Clinical Assessment

- 2.1 Assessment/Management of Clients at Risk for Suicide / Revised 11/2002
- 2.2 Initial Psychiatric Assessment of Older Adults
- 2.3 LAC-DMH Psychiatric Services in Emergency Settings
- 2.4 The Use of Telepsychiatry
- 2.5 Assessment/Management of Clients at Risk -Danger to Others
- 2.6 Discharge Planning For Older Adults
- 2.7 Co-Occurring Cognitive Impairment Assessment Parameters / Revised 5/29/13
- 2.8 Co-Occurring Cognitive Impairment Treatment / Revised 4/2011
- 2.9 Access to MH Services Post Discharge / 10-01-10
- 2.10 Psychiatric Consultation 05/21/12

### LAC DMH Parameters for Medication Use

- 3.1 DMH Policy 103.01 Standards for Prescribing and Managing Medications / Revised February 2011
- 3.2 Use of Antidepressant Medications / Revised January 2011
- 3.3 Use of Antipsychotic Medications / Revised January 2011
- 3.4 Use of Anxiolytic Medications / Revised January 2011
- 3.5 Use of Mood-Stabilizing Medications / Revised January 2011
- 3.6 Use of Psychoactive Medications in Dual Diagnosis Clients / Revised January 2011
- 3.7 Parameters for General Health Monitoring / Revised January 2011
- 3.8 Use of Psychotropic Medication in Children and Adolescents / Revised September 2013
- 3.9 JCMHS PMAF Review 2013-02-28 final
- 3.10 Use of Medication Assisted Treatment (NEW)

### LAC DMH Parameters for Clinical Programs

- 4.1 LAC DMH Outpatient Clinic Environment
- 4.2 Staff Auth to Initiate Involuntary Detention
- 4.3 Treatment Non-Compliance in OP Settings
- 4.4 The Use Of Psychosocial Rehab Interventions
- 4.5 Treatment of Co-Occurring Substance Abuse
- 4.6 Psychiatric Treatment of Individuals in IMDs
- 4.7 Clinical Supervision / Revised 12-4-02
- 4.8 Delivery of Culturally Competent Clin. Svcs / 12-12-02
- 4.9 Parameters for Referrals to Self-Help Groups / Appendix revised 11-08
- 4.10 Parameters for Wellness Centers / 12-16-05
- 4.11 Parameters for Healthy Living Programs / Revised January 2008
- 4.12 Service Relationships in a Recovery-Based Mental Health Services / 07-26-06
- 4.13 Parameters for DMH Peer Advocates / 11-07-06
- 4.14 Parameters on Gift Behavior 2011-07-27
- 4.15 Parameters for Spiritual Support Revised 2012-05-24

### LAC DMH Parameters for Psychotherapies

- 5.1 The Use of Psychodynamic Psychotherapy
- 5.2 The Use of Cognitive-Behavioral Therapy
- 5.3 The Use of Interpersonal Psychotherapy
- 5.4 The Use of Supportive Psychotherapy
- 5.5 The Use of Psychotherapy with Children/Adolescents/Families
- 5.6 The Use of Family Therapy-Adult Children





## **RMD Bulletin**

*Knowledge is power...*



# **Our New Medicare Administrative Contractor**

Effective Monday, September 16, 2013, the new Medicare Administrative Contractor (MAC) for California is Noridian. Noridian was selected by the Centers for Medicare & Medicaid Services (CMS) to serve as the new Medicare Administrative Contractor over Medicare Parts A & B for Jurisdiction E, formerly Jurisdiction 1, which includes California.

The Noridian team assumed all responsibilities for administering both Medicare Parts A & B for California, including:

- ✓ Processing claims
- ✓ Enrolling and certifying providers
- ✓ Handling re-determination requests
- ✓ Meeting the educational needs of providers
- ✓ Developing and implementing coverage policies

For additional information, contract providers can visit the Noridian website at: <https://med.noridianmedicare.com/web/jeb> or contact them at (855) 609-9960.

Contract providers, please make sure your Medicare beneficiaries are aware of the transition to Noridian. The only change they will see is the name of the company on their Medicare Summary Notice. The transition will not affect their benefits.

To check eligibility for your Medicare beneficiaries, you may contact Noridian at (855) 609-9960. Look for more information on checking Medicare eligibility in an upcoming RMD Bulletin.

**We're here to help you with your Medicare questions!**

If you have any questions or require further information, please contact RMD at (213) 480-3444 or via e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).



